

# *Special Care Services*

American Association of Hospital Dentists

Academy of Dentistry for Persons with Disabilities

American Society for Geriatric Dentistry

**Please write the following information on the Patient Information form.**

**The appointment cannot be scheduled until the information is received.**

**Fax to 714-363-5441**

- 1] Copy of all insurance cards, front and back sides - Medi-Cal card, Cal-Optima, Medicare, any private Medical or Dental Insurance cards that cover the patient.
- 2] Physicians orders or list of medicines. List of any allergies.
- 3] Name, address and phone number of the patient
- 4] Name address, phone and fax number of the facility, if applicable
- 5] Name, phone number and cell number of the person to contact to schedule appointment
- 6] Name, address, work phone, evening phone and cell phone of the parent, if applicable
- 7] Name of the Regional Center responsible for the patient
- 8] Name, relationship, address, work phone, evening phone, cell phone and fax number of the person who signs consent forms
- 9] If included; sign, date and return the Patient Info form, medical history form, dental materials fact sheet receipt, insurance assignment label.**
- 10] Patient cannot eat beginning midnight the day before the appointment and cannot eat the day of the appointment, or the appointment will be canceled.**

**Jerry Minsky, D.D.S.**

P O Box 17430, Anaheim, Ca 92817-7430

(562) 860-8330

FAX (714) 363-5441



People don't care how much you know, until they know how much you care.

